



Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

MD and DO Renewal Form

Your license expires soon. You may renew your license online at www.pla.in.gov. **Beginning in 2015 all Medical Board licenses will be renewed online.** To renew by mail, please print and complete this form in its entirety and submit it with the renewal fee of \$200.00 to the office address shown in the above right corner. Checks should be made out to: Indiana Professional Licensing Agency. **If this form is postmarked after October 31, 2013 you must include a \$50 late fee.** If you answer 'Yes' to any question below send a detailed statement regarding the response by email to renewal3@pla.in.gov or by fax to (317) 233-4236.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Expiration Date	Renewal Fee
		10/31/2013	\$200.00
Street Address			
City		State	Zip Code
Phone Number		Email Address	

QUESTIONS		
1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Since you last renewed, have you been arrested or convicted of a crime that has not been expunged by an Indiana court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Since you last renewed have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Since you last renewed have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure or email the Board at pla3@pla.in.gov with any questions.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date